

# Designated Agent User Agreement

Please print clearly

## Section 1: MIRCAl Designated Agent User Information (all information is required)

1. DESIGNATED AGENT NAME	
2. NAME OF MIRCAl DESIGNATED AGENT USER (FIRST, MIDDLE INITIAL, LAST):	
3. BUSINESS ADDRESS (MAILING ADDRESS):	4. UNIQUE EMPLOYEE IDENTIFIER: <i>Note: An identifier that uniquely distinguishes you within your organization.</i>
5. BUSINESS PHONE:	6. BUSINESS FAX:
7. E-MAIL ADDRESS:	
8. AUTHENTICATION WORDS: Remember these words, you may be asked to identify yourself with this information if you call to reset your password.	
a. Your mother's maiden name:	b. Your city of birth:
I understand that as a Designated Agent User, I can submit data and retrieve the status of the data on behalf of a hospital.	
By signing this document I acknowledge reading, understanding, and agreeing to its contents.	
9. DATE:	10. USER SIGNATURE:

## Section 2: Designated Agent Primary Contact Approval (all information is required)

11. PRINT NAME:	12. DESIGNATED AGENT "PRIMARY" CONTACT SIGNATURE:
13. DATE:	14. PHONE NUMBER:

The **original** of this completed form, for each user at a Designated Agent having OSHPD on-line access, shall be provided to OSHPD at the time it is prepared and signed.

## Section 3: For OSHPD use only

Date Received:	Date Authenticated/Enrolled:	By:
User Name:	Note:	

Please Note: The Facility Administrator or Primary Contact at each facility that you represent must complete and sign the Agent Designation Form (OSHPD 1370.3) approving a Designated Agent to submit data on their behalf.

## Designated Agent User Agreement Definitions

Make a copy of the completed forms for your records. Mail the **original(s)** to:

Office of Statewide Health Planning and Development  
Patient Data Section  
818 K Street, Room 100  
Sacramento, CA 95814  
[www.oshpd.ca.gov/mircal](http://www.oshpd.ca.gov/mircal)

Contact Information  
Call your OSHPD Analyst or (916) 324-6147  
E-mail [mircal@oshpd.ca.gov](mailto:mircal@oshpd.ca.gov)

### **SECTION 1: MIRCAl Designated Agent User Information** *(All fields must be completed) -- To be completed by MIRCAl User requesting access to MIRCAl.*

1. Name of Designated Agent: Provide the name of your business.
2. Name of MIRCAl Designated Agent User: Provide the full name of the MIRCAl user.
3. Business Address (Mailing Address): Enter the business address where you can receive mail.
4. Unique Employee Identifier: Provide an identifier that your facility uses that uniquely distinguishes you from other employees within your organization.
5. Business Phone: Provide a phone number where you can be contacted.
6. Business Fax: Provide a fax number where you can receive faxes.
7. E-mail address: Provide an e-mail address where you can be contacted.
8. Authentication Words: *Remember these words, you may be asked to identify yourself with this information if you call to reset your password.*
  - a. Provide your mother's maiden name.
  - b. Provide your city of birth.
9. Date: Provide the date that the facility agreement was completed and signed.
10. User Signature: If you understand and agree with the responsibilities and guidelines for maintaining MIRCAl security, as detailed in the user agreement, provide your signature.

### **SECTION 2: Designated Agent Primary Contact Approval** *(All fields must be completed) -- Must be completed by the Designated Primary Contact.*

11. Print Name: Print the name of the Designated Agent Primary Contact.
12. Designated Agent Primary Contact Signature: When the completed information is reviewed and approved, provide your signature indicating approval of person to use MIRCAl.
13. Date: Provide the date that this user agreement was approved and signed.
14. Phone Number: Provide a phone number where you can be reached.

### **SECTION 3: OSHPD Use Only**